

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Grator Electric Service, Inc.  
BUSINESS STREET ADDRESS: 15095 SW 27 St. ZIP 33331  
BUSINESS MAILING ADDRESS: 15095 SW 27 St. ZIP 33331  
BUSINESS PHONE: (954) 370-5901  
DESCRIBE TYPE OF BUSINESS: Electrical  
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

| Owner/Officer (s)   | Home Address    | City/Zip        | Phone#         |
|---------------------|-----------------|-----------------|----------------|
| 1. Mark Gabrielsen  | 15095 SW 27 St. | Davie, FL 33331 | (954) 723-9428 |
| 2. Angie Gabrielsen | 15095 SW 27 St. | Davie, FL 33331 | (954) 723-9428 |

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2000, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Mark Gabrielsen, President

Print Owner or Officers Name and Title

  
Signature of Owner or Officer

|   |                        |  |                  |                                 |  |
|---|------------------------|--|------------------|---------------------------------|--|
| Office Use Only: Date <u>4/13/00</u>  |                        | Category <u>05803</u>  | Fee <u>39.38</u> | Rec# <u>922401</u>              | New <input checked="" type="checkbox"/> Trans <input type="checkbox"/> |
| License # <u>00-13962</u>   | Control # <u>11883</u> | Zoning <u>A-1</u>  |                  |                                 |  |
| Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |                        | Zoning Approval <input type="checkbox"/> Date <input type="checkbox"/> |                  |                                 |  |
| Town Council Date <input type="checkbox"/>  |                        | Approved <input type="checkbox"/>                                      |                  | Denied <input type="checkbox"/> |  |
| Tabled To <input type="checkbox"/>  |                        | Approved <input type="checkbox"/>                                      |                  | Denied <input type="checkbox"/> |  |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____  |                        |  |                  |                                 |  |

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION